

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
**TANF STEPPARENT/RESPONSIBLE PARENT/TEMPORARY RESIDENT PARENT  
 DEEMING BUDGET**

Case Name	Case Number	Date	Income Month	Grant Month

Intake Budget  
  Ongoing Budget  
  O/P Budget  
  Other

Case Manager

**STEPPARENT OR RESPONSIBLE PARENT'S  
EARNED INCOME**

- 1. Gross earnings or net self-employment income..... \_\_\_\_\_
- 2. Less Work Expense..... - \_\_\_\_\_
- 3. **TOTAL NET EARNED INCOME**..... \_\_\_\_\_

NUMBER OF PERSONS	100% NEED STANDARD
1	\$ 781
2	1,057
3	1,333
4	1,609
5	1,886
6	2,162

*ADD \$276 FOR EACH ADDITIONAL PERSON*

**STEPPARENT OR RESPONSIBLE PARENT'S  
UNEARNED INCOME**

- 4. UIB..... \_\_\_\_\_
- 5. Social Security..... \_\_\_\_\_
- 6. Value of Subsidized Housing (\$76 maximum)..... \_\_\_\_\_
- 7. Other \_\_\_\_\_  
(Type)
- 8. **TOTAL NET UNEARNED INCOME**..... \_\_\_\_\_

- (1) Enter the need standard for the number of persons in the stepparent's or responsible parent's home (including the stepparent/parents) who are not included in the TANF assistance unit and are claimed by the stepparent/parent as dependents for Federal Income Tax purposes. Include persons who do not meet TANF citizenship requirements. Do not include SSI recipients.
- (2) Disregard amounts actually paid by the stepparent/parent to persons not living in the home who are claimed by the stepparent/parent for Federal Income Tax purposes AND payments made by stepparents/parents for alimony or child support.

**TOTAL NET INCOME**

- 9. Total Income (sum items 3 & 8)..... \_\_\_\_\_
- 10. Less Need Standard (1)..... - \_\_\_\_\_
- 11. Less Support (2)..... - \_\_\_\_\_
- 12. **NET DEEMABLE INCOME** (Transfer to TANF/CHAP Budget - Form 2183)..... \_\_\_\_\_